

BIODIVERSITY PROGRAM

The Chumash a Changing People a Changing Land

SANTA MONICA MOUNTAINS NATIONAL RECREATION AREA

GRADES 3 & 4



Preferred Program Month:

1st Choice _____

2nd Choice _____

3rd Choice _____

Application Form

Fill in the form, providing as much information as possible.

Programs are generally **November through May**. We do not hold programs on Federal Holidays. Please specify three preferred month for your program (above). Return the completed form by email **samo_education@nps.gov** or by fax to **805-499-1098**. Please be aware that we have priority list and those teachers will be first served. We will begin confirming programs in August.

TEACHER 1	Name:		Past participant in this program?	
TEACHER 2	Name:		Past participant in this program?	
TEACHER 3	Name:		Past participant in this program?	
STUDENTS	Grade(s):	Number: Limit 60	Any special needs?	
SCHOOL	Name:			
	Address: street, city, zip			
	School District:			
TELEPHONE NUMBERS	School Office:	Teacher's Classroom:	Teacher's Cell:	Fax:
	Please provide as many as possible! Best time and number to reach teacher by telephone:			
EMAIL ADDRESS				
TRANSPORTATION	NPS may be able to help you arrange and pay for a bus. Need more information?			
QUESTIONS OR COMMENTS				